

AUTHORIZED AGENT DESIGNATED TO PERFORM NECESSARY DUTIES

State Form 54190 (R / 10-11)

INDIANA PUBLIC RETIREMENT SYSTEM

1 North Capitol Avenue, Suite 001 Indianapolis, IN 46204-2014 Telephone: (888) 526-1687 (Toll-free) Fax: (866) 591-9441 (Toll-free) E-mail: guestions@inprs.in.gov Web site: www.inprs.in.gov

INSTRUCTIONS

- 1. The Authorized Agent or Superintendent for the Public Employees' Retirement Fund (PERF), Teachers' Retirement Fund (TRF), 1977 Police and Firefighters Fund, Judges' Retirement Fund (JU), Prosecuting Attorneys' Retirement Fund (PARF), or State Excise Police, Gaming Agents and Conservation Enforcement Officers' Fund (C&E) must be named. This person is responsible for all matters concerning the Fund and is authorized to accept pension liability; this person may designate an individual to perform administrative duties on his or her behalf.
- 2. The Clerk-Treasurer for Third Class Cities or Towns must be named and is the Authorized Agent per IC 5-10.3-6-1.5.
- 3. This completed form may be faxed, mailed, or delivered to INPRS at the address shown on this form. Lobby hours are 8 a.m. to 5 p.m., EST, Monday through Friday except holidays and State-designated holidays.
- 4. Employers enrolled in multiple Funds:
 - If only one Authorized Agent or Superintendent for multiple Submission Units, complete one form.
 - If the Authorized Agent or Superintendent is different for each Submission Unit, complete a separate form for each individual Authorized Agent or Superintendent.

This form was formerly titled Resolution Delegating an Agent to Perform Duties for Matters Concerning the Fund on Behalf of the Governing Body (SF 54190).

PERF, TRF, 1977 FUNDS, JUDGES' FUND, PARF, OR C&E FUND EMPLOYER INFORMATION						
Employer's name	,	•				
Choose Fund and enter Submission Unit Number (Choose all that apply that have the same Authorized Agent or Superintendent)						
Fund	Submis	ssion Unit Number		Fund		Submission Unit Number
☐ PERF				TRF		
				Judges' Fund		
☐ 1977 Fund – Police				PARF		
☐ 1977 Fund – Fire				C&E Fund		
E-mail address				Telephone number with area code		
Authorized agent's or Superintendent's name (printed) Authorized agent					nt's or Super	intendent's title
Authorized agent's or Superintendent's signature						Date (mm/dd/yyyy)
Head of governing body's name (printed) Head of governing					ing body's ti	tle
Head of governing body's signature				Date (mm/dd/yyyy)		Date (mm/dd/yyyy)
THIRD CLASS CITIES AND TOWNS POLITICAL SUBDIVISION INFORMATION						
For Third Class Cities and To matters concerning the fund." -			city c	or town is that cit	y's or town's	s authorized agent for all
Political subdivision name				Submission Unit Number Fund		Fund
E-mail address				Telephone number with area code		
Clerk-1				orized agent's title		
				rk-Treasurer		
Authorized agent's signature						Date (mm/dd/yyyy)
Entity identifying the political subdivision Head of governing body's r				name (printed)	Head of go	overning body's title
Head of governing body's signature					Date (mm/dd/yyyy)	